Litton

Encoder

CONTAINS NO CBI

20745 Nordhoff Street
Chatsworth, California
91311-5979

818 341-6161
FAX 818 882-4553
TWX 910-494-1229
Cable Address: Litencoder

89 DEC -5 PM 1:01
OTS DOCUMENT CONTROL OFFICE

November 27, 1989

LITTON ENCODER'S EXPERIENCE WITH 2,4 TOLUENE DIISOCYANATE

The listed substance, 2, 4 Toluene Diisocyanate (CAS No. 584-84-9), here after refered to as TDI comprises less than 5% of the trade name mixture Solithane 113/300 purchased during the reporting period was 0.79 Kg. The actual amount of TDI present in that amount of trade name mixture was not greater than 0.05 Kg.

Solithane 113/300 is a conformal coating that is applied to printed circuit boards. The Solithane 113/300 was delivered to our facility frozen, packaged in syringes. Prior to using the Solithane 113/300 was allowed to thaw to room temperature, then removed from the syringes and applied to printed circuit boards and cured. The circuit boards were then assembled into our product and distributed into commerce.

Howard B. Evans
Manfacturing Engineer

RECEIVED 12/5/89 ECAD

CONTAINS NO CBI

SECTION 1 GENERAL MANUFACTURER, IMPORTER, AND PROCESSOR INFORMATION

PART A GENERAL REPORTING INFORMATION

1.01 This Comprehensive Assessment Information Rule (CAIR) Reporting Form has been completed in response to the Federal Register Notice of..... [0][6] (mo.) [1][4] (day) [8][9] (year)

CBI

[ ] a. If a Chemical Abstracts Service Number (CAS No.) is provided in the Federal Register, list the CAS No. ..... [ ][ ][ ][5][8][4]-[8][4]-[9]

b. If a chemical substance CAS No. is not provided in the Federal Register, list either (i) the chemical name, (ii) the mixture name, or (iii) the trade name of the chemical substance as provided in the Federal Register.

(i) Chemical name as listed in the rule ..... _____

(ii) Name of mixture as listed in the rule .... _____

(iii) Trade name as listed in the rule ..... _____

c. If a chemical category is provided in the Federal Register, report the name of the category as listed in the rule, the chemical substance CAS No. you are reporting on which falls under the listed category, and the chemical name of the substance you are reporting on which falls under the listed category.

Name of category as listed in the rule ..... _____

CAS No. of chemical substance ..... [ ][ ][ ][ ][ ][ ]-[ ][ ]-[ ]

Name of chemical substance ..... _____

1.02 Identify your reporting status under CAIR by circling the appropriate response(s).

CBI

[ ] Manufacturer 1

Importer 2

Processor ..... (3)

X/P manufacturer reporting for customer who is a processor 4

X/P processor reporting for customer who is a processor 5

0006361080

90-900000028

[ ] Mark (X) this box if you attach a continuation sheet.

1.03 Does the substance you are reporting on have an "x/p" designation associated with in the above-listed Federal Register Notice?

CBI

[ ] Yes ..... [ ] Go to question 1.

[ ] No ..... [X] Go to question 1.

1.04 a. Do you manufacture, import, or process the listed substance and distribute it under a trade name(s) different than that listed in the Federal Register Notice Circle the appropriate response.

CBI

[ ] Yes .....

(No) .....

b. Check the appropriate box below:

[ ] You have chosen to notify your customers of their reporting obligations

Provide the trade name(s) .... _____

_____

[ ] You have chosen to report for your customers

[ ] You have submitted the trade name(s) to EPA one day after the effective date of the rule in the Federal Register Notice under which you are reporting.

1.05 If you buy a trade name product and are reporting because you were notified of your reporting requirements by your trade name supplier, provide that trade name.

CBI

[ ] Trade name ..... SOLITHANE 113/300

Is the trade name product a mixture? Circle the appropriate response.

(Yes) .....

No 1

..... 2

1.06 Certification -- The person who is responsible for the completion of this form must sign the certification statement below:

CBI

[ ] "I hereby certify that, to the best of my knowledge and belief, all information entered on this form is complete and accurate."

HOWARD EVANS
NAME

H Evans
SIGNATURE

11/27/89
DATE SIGNED

MANUFACTURING ENGR.
TITLE

(818) 341 - 6161
TELEPHONE NO.

[ ] Mark (X) this box if you attach a continuation sheet.

1.07 Exemptions From Reporting -- If you have provided EPA or another Federal agency with the required information on a CAIR Reporting Form for the listed substance within the past 3 years, and this information is current, accurate, and complete for the time period specified in the rule, then sign the certification below. You are required to complete section 1 of this CAIR form and provide any information now required but not previously submitted. Provide a copy of any previous submissions along with your Section 1 submission.

CBI

[__]

"I hereby certify that, to the best of my knowledge and belief, all required information which I have not included in this CAIR Reporting Form has been submitted to EPA within the past 3 years and is current, accurate, and complete for the time period specified in the rule."

NAME	SIGNATURE	DATE SIGNED
TITLE	(_____) _____ - _____ TELEPHONE NO.	DATE OF PREVIOUS SUBMISSION

1.08 CBI Certification -- If you have asserted any CBI claims in this report you must certify that the following statements truthfully and accurately apply to all of those confidentiality claims which you have asserted.

CBI

[__]

"My company has taken measures to protect the confidentiality of the information, and it will continue to take these measures; the information is not, and has not been, reasonably ascertainable by other persons (other than government bodies) by using legitimate means (other than discovery based on a showing of special need in a judicial or quasi-judicial proceeding) without my company's consent; the information is not publicly available elsewhere; and disclosure of the information would cause substantial harm to my company's competitive position."

NAME	SIGNATURE	DATE SIGNED
TITLE	(_____) _____ - _____ TELEPHONE NO.	

[__] Mark (X) this box if you attach a continuation sheet.

PART B CORPORATE DATA

1.09 Facility Identification

CBI Name [L][I][T][T][O][N] [E][N][C][O][D][E][R]

[ ] Address [2][0][7][4][5] [N][O][R][D][H][O][F][F] [S][T][R][E][E][T]
Street

[C][H][A][T][S][W][O][R][T][H]
City

[C][A] [9][1][3][1][1]--[5][9][7][9]
State Zip

Dun & Bradstreet Number .....[0][0]-[8][2][9]-[7][8][4][8]

EPA ID Number .....[0][0][8][2][9][7][3][6][8]

Employer ID Number .....[9][5]-[2][2][7][7][7]60

Primary Standard Industrial Classification (SIC) Code .....[8][8][5][4]

Other SIC Code .....[ ][ ][ ][ ]

Other SIC Code .....[ ][ ][ ][ ]

1.10 Company Headquarters Identification

CBI Name [L][I][T][T][O][N] [S][Y][S][T][E][M][S] [I][N][C]

[ ] Address [3][6][0] [N][O][R][T][H] [C][R][E][S][C][E][N][T] [D][R][I][V][E]
Street

[B][E][V][E][R][L][Y] [H][I][L][L][S]
City

[C][A] [9][0][2][1][0]--[4][8][6][7]
State Zip

Dun & Bradstreet Number .....[0][0]-[8][2][9]-[7][8][4][8]

Employer ID Number .....[9][5]-[2][2][7][7][7]60

[ ] Mark (X) this box if you attach a continuation sheet.

1.11 Parent Company Identification

CBI Name [L][I][T][T][O][N] [I][N][D][U][S][T][R][I][E][S]

[ ] Address [3][6][0] [N][O][R][T][H] [C][R][E][S][C][E][N][T] [D][R][I][V][E]
Street

[B][E][V][E][R][L][Y] [H][I][L][L][S]
City

[C][A] [9][0][2][1][0]--[4][8][6][7]
State Zip

Dun & Bradstreet Number .....[0][0]-[1][9][2]-[2][1][4][9]

1.12 Technical Contact

CBI Name [H][O][W][A][R][D] [E][V][A][N][S]

[ ] Title [M][A][N][U][F][A][C][T][U][R][I][N][G] [E][N][G][I][N][E][E][R]

Address [2][0][7][4][5] [N][O][R][D][H][O][F][F]
Street

[C][H][A][T][S][W][O][R][T][H]
City

[C][A] [9][1][3][1][1]--[5][9][7][9]
State Zip

Telephone Number .....[8][1][8]-[3][4][1]-[6][7][6][1]

1.13 This reporting year is from ..... [0][8] [8][7] to [0][7] [8][8]
Mo. Year Mo. Year

[ ] Mark (X) this box if you attach a continuation sheet.

1.14 Facility Acquired -- If you purchased this facility during the reporting year, provide the following information about the seller:

CBI Name of Seller [ ]

[ ] Mailing Address [ ]
Street

[ ]
City

[ ][ ] [ ][ ][ ][ ][ ]--[ ][ ][ ][ ]
State Zip

Employer ID Number .....[ ][ ][ ][ ][ ][ ][ ][ ]

Date of Sale .....[ ][ ] [ ][ ] [ ][ ]
Mo. Day Year

Contact Person [ ]

Telephone Number .....[ ][ ][ ]-[ ][ ][ ]-[ ][ ][ ][ ]

1.15 Facility Sold -- If you sold this facility during the reporting year, provide the following information about the buyer:

CBI Name of Buyer [ ]

[ ] Mailing Address [ ]
Street

[ ]
City

[ ][ ] [ ][ ][ ][ ][ ]--[ ][ ][ ][ ]
State Zip

Employer ID Number .....[ ][ ][ ][ ][ ][ ][ ][ ]

Date of Purchase .....[ ][ ] [ ][ ] [ ][ ]
Mo. Day Year

Contact Person [ ]

Telephone Number .....[ ][ ][ ]-[ ][ ][ ]-[ ][ ][ ][ ]

[ ] Mark (X) this box if you attach a continuation sheet.

1.16 For each classification listed below, state the quantity of the listed substance that was manufactured, imported, or processed at your facility during the reporting year.

CBI

[ ]

Classification	Quantity (kg/yr)
Manufactured	0
Imported	0
Processed (include quantity repackaged)	0.055
Of that quantity manufactured or imported, report that quantity:	
In storage at the beginning of the reporting year	
For on-site use or processing	
For direct commercial distribution (including export)	
In storage at the end of the reporting year	
Of that quantity processed, report that quantity:	
In storage at the beginning of the reporting year	0.055
Processed as a reactant (chemical producer)	0
Processed as a formulation component (mixture producer)	0
Processed as an article component (article producer)	0.055
Repackaged (including export)	0
In storage at the end of the reporting year	0

[ ] Mark (X) this box if you attach a continuation sheet.

PART C IDENTIFICATION OF MIXTURES

1.17 Mixture -- If the listed substance on which you are required to report is a mixture or a component of a mixture, provide the following information for each component chemical. (If the mixture composition is variable, report an average percentage of each component chemical for all formulations.)

CBI

[ ]

Component Name	Supplier Name	Average % Composition by Weight (specify precision, e.g., 45% ± 0.5%)
TOLUENE DIISOCYANATE	ABLESTIK LABS	"UK"
TOLUENE DIISOCYANATE	MORTON INTERNATIONAL	" UK
	Total	100%

[X] Mark (X) this box if you attach a continuation sheet. 2 - SHEETS ATTACHED

MATERIAL SAFETY DATA SHEET

1. PRODUCT IDENTIFICATION

TRADE NAME: Solithane 113/300
CHEMICAL NAMES: Isocyanate Terminated Polyol
MANUFACTURER'S NAME: ABLESTIK LABORATORIES
ADDRESS: 833 West 182nd Street, Gardena, CA 90248 (213) 532-9341
REVISION DATE: 11/30/88

II HAZARDOUS INGREDIENTS

CHEMICAL NAMES	CAS NUMBERS	PERCENT	EXPOSURE LIMIT	
			ACGIH(TWA)	OSHA(PEL)
Toluene diisocyanate	**584-84-9**	**< 5**	0.005ppm	0.02ppm

III PHYSICAL PROPERTIES

VAPOR DENSITY (AIR=1): > 1
SPECIFIC GRAVITY: 1.1
SOLUBILITY IN WATER: Not applicable
VAPOR PRESSURE, mm Hg at 20°C: < 0.1
EVAPORATION RATE (ETHER =1): < 1
MELTING POINT(°F): Not applicable
BOILING POINT (°F @ 760 mm Hg): 482°
PERCENT VOLATILE BY VOLUME: < 6
APPEARANCE AND ODOR: Pale yellow liquid; pungent odor

IV FIRE AND EXPLOSION

FLASH POINT, °F (GIVE METHOD): 200° (Setaflash)
AUTOIGNITION TEMPERATURE: Not determined
FLAMMABLE LIMITS IN AIR, VOLUME %: LOWER Not determined UPPER Not determined
FIRE EXTINGUISHING MATERIALS: Dry chemical, foam.
FIRE EXTINGUISHING PROCEDURES: Wear self-contained breathing apparatus.
UNUSUAL FIRE AND EXPLOSION HAZARDS: Protect against inhalation of cyanate vapors and other decomposition/combustion products.

V HEALTH HAZARD INFORMATION

SYMPTOMS OF OVEREXPOSURE FOR EACH POTENTIAL ROUTE OF EXPOSURE

INHALED: Unknown for product mixture. Inhalation of isocyanate vapors can produce severe irritation of the mucous membranes in the respiratory tract, i.e. nose, throat, and lungs. Exposure of humans to concentrations of isocyanate vapor in excess of the maximum acceptable concentration has caused illness characterized by breathlessness, chest discomfort and reduced pulmonary function. Massive exposure to high concentrations has caused, within minutes, irritation of the trachea and larynx and severe coughing spasms. Concentrations of isocyanate vapors should be maintained below the TLV by engineering controls. Can cause sensitization in humans. TDI Inhalation-Human TCLo: 0.02ppm/2Y:PUL. TDI Inhalation-Human TCLo: 0.5ppm: IRR. Symptoms of overexposure may be delayed and could include dry cough, chest tightness, wheezing, shortness of breath, asthmatic type symptoms

CONTACT WITH SKIN: Unknown for product mixture. Isocyanates react with skin protein and tissue moisture. If not promptly removed, liquid spills on the skin can cause reddening, swelling, and blistering of exposed skin. REPEATED SKIN CONTACT HAS CAUSED SKIN SENSITIZATION IN HUMANS AND SHOULD BE AVOIDED. TDI: Skin-Rabbit: 500 mg/24H MOD. Overexposure may cause irritation, dermatitis and possible skin sensitization given prolonged or repeated skin contact.

CONTACT WITH EYES: Unknown for the mixture. Liquid isocyanates splashed into the eyes can be harmful to the delicate eye tissue and must be avoided. Injury results from reaction of the isocyanate with the eye fluid which may dehydrate the tissue and result in severe irritation of the eyelid and possible damage to the cornea (corneal opacity). Exposure

Morton *International*

Specialty Chemicals Group

August 30, 1989

Mr. Howard Evans
Litton, Encoder Division
20745 Nordhoff St.
Chatsworth, CA 91311-5979

Dear Mr. Evans:

According to the information you gave me over the phone, you purchase a material identified as Solithane 113/300 from Ablestik Laboratories. This product supplied to you is indeed manufactured by Ablestik Laboratories and consists of a mixture of two Morton International products:

Solithane S-113
C113-300

Solithane S-113 contains several percent of 2,4-toluene diisocyanate (TDI) CAS Registry Number 584-84-9 and will be present in Solithane 113/300. The TDI in this product is an active ingredient of the product and its presence is necessary for the proper performance of the product which you purchased from Ablestik Laboratories.

Sincerely yours,

Albert J. Leslie

Albert J. Leslie
Director, Product Documentation

AJL/gah

cc: S. Flanders

2.04 State the quantity of the listed substance that your facility manufactured, imported or processed during the 3 corporate fiscal years preceding the reporting year in descending order.

CBI

[ ] Year ending ..... [0][8] Mo. [8][6] Year

Quantity manufactured ..... 0 kg

Quantity imported ..... 0 kg

Quantity processed ..... 0 kg

Year ending ..... [0][8] Mo. [8][5] Year

Quantity manufactured ..... 0 kg

Quantity imported ..... 0 kg

Quantity processed ..... 0 kg

Year ending ..... [0][8] Mo. [8][4] Year

Quantity manufactured ..... 0 kg

Quantity imported ..... 0 kg

Quantity processed ..... 0 kg

2.05 Specify the manner in which you manufactured the listed substance. Circle all appropriate process types.

CBI

[ ]

Continuous process 1

Semicontinuous process 2

Batch process 3

[ ] Mark (X) this box if you attach a continuation sheet.

2.06 Specify the manner in which you processed the listed substance. Circle all CBI appropriate process types.

[ ]

Continuous process .....

Semicontinuous process .....

(Batch process) .....

2.07 State your facility's name-plate capacity for manufacturing or processing the listed CBI substance. (If you are a batch manufacturer or batch processor, do not answer this question.)

[ ]

Manufacturing capacity ..... _____ kg/y

Processing capacity ..... _____ kg/y

2.08 If you intend to increase or decrease the quantity of the listed substance manufactured, imported, or processed at any time after your current corporate fiscal CBI year, estimate the increase or decrease based upon the reporting year's production volume.

[ ]

	Manufacturing Quantity (kg)	Importing Quantity (kg)	Processing Quantity (kg)
Amount of increase			NA
Amount of decrease			NA

[ ] Mark (X) this box if you attach a continuation sheet.

2.09 For the three largest volume manufacturing or processing process types involving the listed substance, specify the number of days you manufactured or processed the liste substance during the reporting year. Also specify the average number of hours per day each process type was operated. (If only one or two operations are involved, list those.)

CBI

[ ]

	Days/Year	Average Hours/Day
Process Type #1 (The process type involving the largest quantity of the listed substance.)		
Manufactured		
Processed	5	3
Process Type #2 (The process type involving the 2nd largest quantity of the listed substance.)		
Manufactured		
Processed		
Process Type #3 (The process type involving the 3rd largest quantity of the listed substance.)		
Manufactured		
Processed		

2.10 State the maximum daily inventory and average monthly inventory of the listed substance that was stored on-site during the reporting year in the form of a bulk chemical.

CBI

[ ]

Maximum daily inventory	0	kg
Average monthly inventory	0	kg

[ ] Mark (X) this box if you attach a continuation sheet.

2.11 Related Product Types -- List any byproducts, coproducts, or impurities present with the listed substance in concentrations greater than 0.1 percent as it is manufactured, imported, or processed. The source of byproducts, coproducts, or impurities means the source from which the byproducts, coproducts, or impurities are made or introduced into the product (e.g., carryover from raw material, reaction product, etc.).

CBI

[ ]

CAS No.	Chemical Name	Byproduct, Coproduct or Impurity[1]	Concentration (%) (specify ± % precision)	Source of By products, Co products, or Impurities

[1]Use the following codes to designate byproduct, coproduct, or impurity:

B = Byproduct
C = Coproduct
I = Impurity

BYPRODUCTS
COPRODUCTS
IMPURITIES
} ALL ARE UNKNOWN (UK). PLEASE SEE CONTINUATION SHEETS TO PAGE #10

[ ] Mark (X) this box if you attach a continuation sheet.

2.12 Existing Product Types -- List all existing product types which you manufactured, imported, or processed using the listed substance during the reporting year. List the quantity of listed substance you use for each product type as a percentage of th total volume of listed substance used during the reporting year. Also list the CBI quantity of listed substance used captively on-site as a percentage of the value [ ] listed under column b., and the types of end-users for each product type. (Refer to the instructions for further explanation and an example.)

a. Product Types[1]	b. % of Quantity Manufactured, Imported, or Processed	c. % of Quantity Used Captively On-Site	d. Type of End-Users[2]
K	100 %	100 %	I

[1]Use the following codes to designate product types:

A = Solvent
B = Synthetic reactant
C = Catalyst/Initiator/Accelerator/ Sensitizer
D = Inhibitor/Stabilizer/Scavenger/ Antioxidant
E = Analytical reagent
F = Chelator/Coagulant/Sequestrant
G = Cleanser/Detergent/Degreaser
H = Lubricant/Friction modifier/Antiwear agent
I = Surfactant/Emulsifier
J = Flame retardant
K = Coating/Binder/Adhesive and additives
L = Moldable/Castable/Rubber and additives
M = Plasticizer
N = Dye/Pigment/Colorant/Ink and additives
O = Photographic/Reprographic chemical and additives
P = Electrodeposition/Plating chemicals
Q = Fuel and fuel additives
R = Explosive chemicals and additives
S = Fragrance/Flavor chemicals
T = Pollution control chemicals
U = Functional fluids and additives
V = Metal alloy and additives
W = Rheological modifier
X = Other (specify) _____

[2]Use the following codes to designate the type of end-users:

I = Industrial
CM = Commercial
CS = Consumer
H = Other (specify) _____

[ ] Mark (X) this box if you attach a continuation sheet.

2.13 Expected Product Types -- Identify all product types which you expect to manufacture import, or process using the listed substance at any time after your current corporate fiscal year. For each use, specify the quantity you expect to manufacture import, or process for each use as a percentage of the total volume of listed substance used during the reporting year. Also list the quantity of listed substance used captively on-site as a percentage of the value listed under column b., and the types of end-users for each product type. (Refer to the instructions for further explanation and an example.)

CBI

[ ]

a. Product Types[1]	b. % of Quantity Manufactured, Imported, or Processed	c. % of Quantity Used Captively On-Site	d. Type of End-Users[2]
K	100%	100%	I

[1]Use the following codes to designate product types:

A = Solvent
B = Synthetic reactant
C = Catalyst/Initiator/Accelerator/Sensitizer
D = Inhibitor/Stabilizer/Scavenger/Antioxidant
E = Analytical reagent
F = Chelator/Coagulant/Sequestrant
G = Cleanser/Detergent/Degreaser
H = Lubricant/Friction modifier/Antiwear agent
I = Surfactant/Emulsifier
J = Flame retardant
K = Coating/Binder/Adhesive and additives
L = Moldable/Castable/Rubber and additives
M = Plasticizer
N = Dye/Pigment/Colorant/Ink and additives
O = Photographic/Reprographic chemical and additives
P = Electrodeposition/Plating chemicals
Q = Fuel and fuel additives
R = Explosive chemicals and additives
S = Fragrance/Flavor chemicals
T = Pollution control chemicals
U = Functional fluids and additives
V = Metal alloy and additives
W = Rheological modifier
X = Other (specify) _____

[2]Use the following codes to designate the type of end-users:

I = Industrial
CM = Commercial
CS = Consumer
H = Other (specify) _____

[ ] Mark (X) this box if you attach a continuation sheet.

2.14 Final Product -- Complete the following table for each type of final product manufactured, imported, or processed at your facility that contains the listed substance other than as an impurity.

CBI
[ ]

a. Product Type[1]	b. Final Product's Physical Form[2]	c. Average % Composition of Listed Substance in Final Product	d. Type of End-Users[3]
K	F4	APROX. 2%	I

[1]Use the following codes to designate product types:

A = Solvent
B = Synthetic reactant
C = Catalyst/Initiator/Accelerator/ Sensitizer
D = Inhibitor/Stabilizer/Scavenger/ Antioxidant
E = Analytical reagent
F = Chelator/Coagulant/Sequestrant
G = Cleanser/Detergent/Degreaser
H = Lubricant/Friction modifier/Antiwear agent
I = Surfactant/Emulsifier
J = Flame retardant
K = Coating/Binder/Adhesive and additives
L = Moldable/Castable/Rubber and additive
M = Plasticizer
N = Dye/Pigment/Colorant/Ink and additive
O = Photographic/Reprographic chemical and additives
P = Electrodeposition/Plating chemicals
Q = Fuel and fuel additives
R = Explosive chemicals and additives
S = Fragrance/Flavor chemicals
T = Pollution control chemicals
U = Functional fluids and additives
V = Metal alloy and additives
W = Rheological modifier
X = Other (specify) _____

[2]Use the following codes to designate the final product's physical form:

A = Gas
B = Liquid
C = Aqueous solution
D = Paste
E = Slurry
F1 = Powder
F2 = Crystalline solid
F3 = Granules
F4 = Other solid
G = Gel
H = Other (specify) _____

[3]Use the following codes to designate the type of end-users:

I = Industrial
CM = Commercial
CS = Consumer
H = Other (specify) _____

[ ] Mark (X) this box if you attach a continuation sheet.

2.15 Circle all applicable modes of transportation used to deliver bulk shipments of the listed substance to off-site customers.

CBI

[ ] Truck .....

Railcar .....

Barge, Vessel .....

Pipeline .....

Plane .....

Other (specify) _____ .....

2.16 Customer Use -- Estimate the quantity of the listed substance used by your customers or prepared by your customers during the reporting year for use under each category of end use listed (i-iv).

CBI

[ ]

Category of End Use

i. Industrial Products

Chemical or mixture ..... _____ kg/y

Article ..... _____ kg/y

ii. Commercial Products

Chemical or mixture ..... _____ kg/y

Article ..... _____ kg/y

iii. Consumer Products

Chemical or mixture ..... _____ kg/y

Article ..... _____ kg/y

iv. Other

Distribution (excluding export) ..... _____ kg/y

Export ..... _____ kg/y

Quantity of substance consumed as reactant ..... _____ kg/y

Unknown customer uses ..... _____ kg/y

☒ Mark (X) this box if you attach a continuation sheet.

CONTINUATION SHEET TO PAGE #19

2.15 LITTON ENCODER DOES NOT TRANSPORT BULK SHIPMENTS OF THE LISTED SUBSTANCE TO OFF-SITE CUSTOMERS.

2.16 IT IS IMPOSSIBLE FOR LITTON ENCODER CUSTOMERS TO USE OR PREPARE THE LISTED SUBSTANCE, SINCE THE LISTED SUBSTANCE IS INCORPORATED IN A CONFORMAL COATING THAT HAS BEEN APPLIED TO A PRINTED CIRCUIT BOARD (ARTICLE).

SECTION 3 PROCESSOR RAW MATERIAL IDENTIFICATION

PART A GENERAL DATA

3.01 Specify the quantity purchased and the average price paid for the listed substance for each major source of supply listed. Product trades are treated as purchases. The average price is the market value of the product that was traded for the listed substance.

CBI

[ ]

Source of Supply	Quantity (kg)	Average Price ($/kg)
The listed substance was manufactured on-site.		
The listed substance was transferred from a different company site.		
The listed substance was purchased directly from a manufacturer or importer.		
The listed substance was purchased from a distributor or repackager.		
The listed substance was purchased from a mixture producer.	0.79 TOTAL MIXTURE WT.	$131.97

3.02 Circle all applicable modes of transportation used to deliver the listed substance to your facility.

CBI

[ ]

Truck 1

Railcar 2

Barge, Vessel 3

Pipeline 4

Plane 5

Other (specify) _____ 6

[ ] Mark (X) this box if you attach a continuation sheet.

3.03 a. Circle all applicable containers used to transport the listed substance to your facility.

CBI

[ ]

Bags 1

Boxes 2

Free standing tank cylinders 3

Tank rail cars 4

Hopper cars 5

Tank trucks 6

Hopper trucks 7

Drums 8

Pipeline 9

Other (specify) PLASTIC SYRINGES ..... (10)

b. If the listed substance is transported in pressurized tank cylinders, tank rail cars, or tank trucks, state the pressure of the tanks.

Tank cylinders ..... _____ mmHg

Tank rail cars ..... _____ mmHg

Tank trucks ..... _____ mmHg

[ ] Mark (X) this box if you attach a continuation sheet.

PART B RAW MATERIAL IN THE FORM OF A MIXTURE

3.04 If you obtain the listed substance in the form of a mixture, list the trade name(s) of the mixture, the name of its supplier(s) or manufacturer(s), an estimate of the CBI average percent composition by weight of the listed substance in the mixture, and th amount of mixture processed during the reporting year.

[ ]

Trade Name	Supplier or Manufacturer	Average % Composition by Weight (specify ± % precision)	Amount Processed (kg/yr)
SOLITHANE 113/300	ABLESTIK LABORATORIES	< 5	0.79

[ ] Mark (X) this box if you attach a continuation sheet.

PART C RAW MATERIAL VOLUME

3.05 CBI [ ] State the quantity of the listed substance used as a raw material during the reporting year in the form of a class I chemical, class II chemical, or polymer, and the percent composition, by weight, of the listed substance.

	Quantity Used (kg/yr)	% Composition by Weight of Listed Substance in Raw Material (specify ± % precision
Class I chemical	.055	< 5.0%
Class II chemical		
Polymer		

[ ] Mark (X) this box if you attach a continuation sheet.

SECTION 4 PHYSICAL/CHEMICAL PROPERTIES

General Instructions:

If you are reporting on a mixture as defined in the glossary, reply to questions in Sectio 4 that are inappropriate to mixtures by stating "NA -- mixture."

For questions 4.06-4.15, if you possess any hazard warning statement, label, MSDS, or othe notice that addresses the information requested, you may submit a copy or reasonable facsimile in lieu of answering those questions which it addresses.

PART A PHYSICAL/CHEMICAL DATA SUMMARY

4.01 Specify the percent purity for the three major[1] technical grade(s) of the listed substance as it is manufactured, imported, or processed. Measure the purity of the substance in the final product form for manufacturing activities, at the time you import the substance, or at the point you begin to process the substance.

CBI
[ ]

	Manufacture	Import	Process
Technical grade #1	"UK" % purity	— % purity	"UK" % purity
Technical grade #2	_____ % purity	_____ % purity	_____ % purity
Technical grade #3	_____ % purity	_____ % purity	_____ % purity

[1]Major = Greatest quantity of listed substance manufactured, imported or processed.

4.02 Submit your most recently updated Material Safety Data Sheet (MSDS) for the listed substance, and for every formulation containing the listed substance. If you possess an MSDS that you developed and an MSDS developed by a different source, submit your version. Indicate whether at least one MSDS has been submitted by circling the appropriate response.

Yes ..... (1)

No 2

Indicate whether the MSDS was developed by your company or by a different source.

Your company 1

Another source ..... (2)

☒ Mark (X) this box if you attach a continuation sheet.

MATERIAL SAFETY DATA SHEET

1. PRODUCT IDENTIFICATION

TRADE NAME: Solithane 113/300
CHEMICAL NAMES: Isocyanate Terminated Polyol
MANUFACTURER'S NAME: ABLESTIK LABORATORIES
ADDRESS: 833 West 182nd Street, Gardena, CA 90248 (213) 532-9341
REVISION DATE: 11/30/88

II HAZARDOUS INGREDIENTS

CHEMICAL NAMES	CAS NUMBERS	PERCENT	EXPOSURE LIMIT	
			ACGIH(TWA)	OSHA(PEL)
Toluene diisocyanate	584-84-9	< 5	0.005ppm	0.02ppm

III PHYSICAL PROPERTIES

VAPOR DENSITY (AIR=1): > 1
SPECIFIC GRAVITY: 1.1
SOLUBILITY IN WATER: Not applicable
VAPOR PRESSURE, mm Hg at 20°C: < 0.1
EVAPORATION RATE (ETHER =1): < 1
MELTING POINT(°F): Not applicable
BOILING POINT (°F @ 760 mm Hg): 482°
PERCENT VOLATILE BY VOLUME: < 6
APPEARANCE AND ODOR: Pale yellow liquid; pungent odor

IV FIRE AND EXPLOSION

FLASH POINT, °F (GIVE METHOD): 200° (Setaflash)
AUTOIGNITION TEMPERATURE: Not determined
FLAMMABLE LIMITS IN AIR, VOLUME %: LOWER Not determined UPPER Not determined
FIRE EXTINGUISHING MATERIALS: Dry chemical, foam.
FIRE EXTINGUISHING PROCEDURES: Wear self-contained breathing apparatus.
UNUSUAL FIRE AND EXPLOSION HAZARDS: Protect against inhalation of cyanate vapors and other decomposition/combustion products.

V HEALTH HAZARD INFORMATION

SYMPTOMS OF OVEREXPOSURE FOR EACH POTENTIAL ROUTE OF EXPOSURE

INHALED: Unknown for product mixture. Inhalation of isocyanate vapors can produce severe irritation of the mucous membranes in the respiratory tract, i.e. nose, throat, and lungs. Exposure of humans to concentrations of isocyanate vapor in excess of the maximum acceptable concentration has caused illness characterized by breathlessness, chest discomfort and reduced pulmonary function. Massive exposure to high concentrations has caused, within minutes, irritation of the trachea and larynx and severe coughing spasms. Concentrations of isocyanate vapors should be maintained below the TLV by engineering controls. Can cause sensitization in humans. TDI Inhalation-Human TCLo: 0.02ppm/2Y:PUL. TDI Inhalation-Human TCLo: 0.5ppm: IRR. Symptoms of overexposure may be delayed and could include dry cough, chest tightness, wheezing, shortness of breath, asthmatic type symptoms

CONTACT WITH SKIN: Unknown for product mixture. Isocyanates react with skin protein and tissue moisture. If not promptly removed, liquid spills on the skin can cause reddening, swelling, and blistering of exposed skin. REPEATED SKIN CONTACT HAS CAUSED SKIN SENSITIZATION IN HUMANS AND SHOULD BE AVOIDED. TDI: Skin-Rabbit: 500 mg/24H MOD. Overexposure may cause irritation, dermatitis and possible skin sensitization given prolonged or repeated skin contact.

CONTACT WITH EYES: Unknown for the mixture. Liquid isocyanates splashed into the eyes can be harmful to the delicate eye tissue and must be avoided. Injury results from reaction of the isocyanate with the eye fluid which may dehydrate the tissue and result in severe irritation of the eyelid and possible damage to the cornea (corneal opacity). Exposure

to high concentrations of isocyanate vapor can lead to formation of solid crystals in the eye fluid causing mechanical irritation of the eyes hours after exposure. TDI Eye-Rabbit: 100 mg SEV. Overexposure can cause irritation, tearing, reddening and blurred vision.

ABSORBED THROUGH SKIN: Isocyanates react with skin protein and tissue moisture. Absorption through skin may be harmful.

SWALLOWED: Unknown for the mixture. Animal experiments indicate that the toxic effects of TDI or polymeric isocyanates, when ingested, are slight. The LD50 in rats for TDI is 5840 mg/kg. From these experiments, it is believed that ingestion of TDI or polymeric isocyanates would not be fatal to humans, but could result in irritation and corrosive action on the mouth and stomach tissue. Overexposure may cause nausea, vomiting, and gastrointestinal pain.

HEALTH EFFECTS OR RISKS FROM EXPOSURE:

ACUTE: See symptoms of overexposure, section V.

CHRONIC: Unknown for product mixture. Toluene Diisocyanate(TDI) is considered a suspect carcinogen as tested by National Toxicology Program, 1983, in rats and female mice. Administered by gavage to rats, TDI caused subcutaneous neoplasms or cancers in both sexes. Additionally, males developed pancreatic neoplasms and females pancreatic, liver and mammary neoplasms. In mice similarly exposed, TDI caused circulatory neoplasms and cancers (combined) and liver neoplasms in females but was not carcinogenic to males. (NTP 1983 Program Tech Report on Carcinogenic Study of Commercial Grade of TDI.)

FIRST AID: EMERGENCY PROCEDURE

EYE CONTACT: Immediately flush with water for 15 minutes lifting the upper and lower eyelids occasionally and obtain immediate medical attention.

SKIN CONTACT: Wash immediately with soap and water. If irritation persists, seek medical attention immediately

INHALED: Remove to fresh air immediately. Administer artificial respiration as required. Obtain medical attention.

INGESTION: Do not induce vomiting. Obtain immediate medical attention. If unavailable, contact nearest Poison Control Center.

SUSPECTED CANCER AGENT? Toluene diisocyanate is considered to be carcinogenic by NTP.

VI REACTIVITY DATA

STABILITY: _X_ STABLE __ UNSTABLE

CONDITIONS TO AVOID: Heat prior to cure.

INCOMPATIBILITY (MATERIALS TO AVOID): Moisture, strong oxidizing agents

HAZARDOUS DECOMPOSITION PRODUCTS (INCLUDING COMBUSTION PRODUCTS):

Carbon monoxide, carbon dioxide, nitrogen oxides, aromatic amines, aldehydes, and hydrogen cyanide

HAZARDOUS POLYMERIZATION: ___ MAY OCCUR _X_ WILL NOT OCCUR

CONDITIONS TO AVOID: None known

VII SPILL, LEAK AND DISPOSAL

SPILL RESPONSE PROCEDURES: Wipe up with solvent saturated toweling and collect in an appropriate container for disposal.

PREPARING WASTES FOR DISPOSAL: Dispose in approved chemical disposal area or in a manner which complies with all local, state and federal regulations.

VIII SPECIAL HANDLING INFORMATION

VENTILATION AND ENGINEERING CONTROLS: Provide adequate ventilation to minimize inhalation. Mechanical (local exhaust) recommended for all spray operations and elevated temperature uses.

RESPIRATORY PROTECTION: Wear NIOSH-MSHA approved self-contained positive pressure breathing apparatus as necessary within equipment limitations. Contaminant levels will vary dependent on the operation.

EYE PROTECTION: Safety goggles with side shields.
GLOVES: Rubber
OTHER CLOTHING AND EQUIPMENT: Protective equipment to cover exposed areas.
WORK PRACTICES, HYGIENIC PRACTICES: Vent curing oven to outdoors.
OTHER HANDLING AND STORAGE REQUIREMENTS: Store frozen at all times.
PROTECTIVE MEASURES DURING MAINTENANCE OF CONTAMINATED EQUIPMENT:
Avoid contact with skin, eyes and clothing. Good housekeeping is required. Avoid inhalation of vapors.

IX REGULATORY INFORMATION

SARA/TITLE III - TOXIC CHEMICALS LIST:

This product contains chemicals subject to the reporting requirements of section 313 of Title III of Superfund Amendments and Reauthorization Act of 1986 and 40 CFR Part 372.

< 5	584-84-9	Toluene diisocyanate

TSCA INVENTORY STATUS:

Chemical components listed on TSCA Inventory

CALIFORNIA PROPOSITION 65:

This product does not contain toxic chemicals currently on the California List of known carcinogens and reproductive toxins.

4.03 Submit a copy or reasonable facsimile of any hazard information (other than an MSDS that is provided to your customers/users regarding the listed substance or any formulation containing the listed substance. Indicate whether this information has been submitted by circling the appropriate response.

Yes .....

(No) .....

4.04 For each activity that uses the listed substance, circle all the applicable number(s corresponding to each physical state of the listed substance during the activity listed. Physical states for importing and processing activities are determined at the time you import or begin to process the listed substance. Physical states for manufacturing, storage, disposal and transport activities are determined using the final state of the product.

CBI

[ ]

Activity	Physical State				
	Solid	Slurry	Liquid	Liquified Gas	Ga
Manufacture	1	2	3	4	5
Import	1	2	3	4	5
Process	(1)	2	3	4	5
Store	(1)	2	3	4	5
Dispose	(1)	2	3	4	5
Transport	(1)	2	3	4	5

[ ] Mark (X) this box if you attach a continuation sheet.

4.05 Particle Size -- If the listed substance exists in particulate form during any of th following activities, indicate for each applicable physical state the size and the percentage distribution of the listed substance by activity. Do not include particles ≥10 microns in diameter. Measure the physical state and particle sizes fo importing and processing activities at the time you import or begin to process the listed substance. Measure the physical state and particle sizes for manufacturing storage, disposal and transport activities using the final state of the product.

CBI

[ ]

Physical State		Manufacture	Import	Process	Store	Dispose	Transpor
Dust	<1 micron						
	1 to <5 microns						
	5 to <10 microns						
Powder	<1 micron						
	1 to <5 microns						
	5 to <10 microns						
Fiber	<1 micron						
	1 to <5 microns						
	5 to <10 microns						
Aerosol	<1 micron						
	1 to <5 microns						
	5 to <10 microns						

THE ABOVE INFORMATION IS "UK" (UNKNOWN).

[ ] Mark (X) this box if you attach a continuation sheet.

SECTION 5 ENVIRONMENTAL FATE

PART A RATE CONSTANTS AND TRANSFORMATION PRODUCTS

5.01 Indicate the rate constants for the following transformation processes.

a. Photolysis:

Absorption spectrum coefficient (peak) .... _____ (1/M cm) at _____ nm

Reaction quantum yield, ϕ ..... _____ at _____ nm

Direct photolysis rate constant, k_p, at ... _____ 1/hr _____ latitud

b. Oxidation constants at 25°C:

For $^1O_2$ (singlet oxygen), k_{ox} ..... _____ 1/M

For RO_2 (peroxy radical), k_{ox} ..... _____ 1/M

c. Five-day biochemical oxygen demand, BOD_5 ... _____ mg/l

d. Biotransformation rate constant:

For bacterial transformation in water, k_b... _____ 1/hr

Specify culture ..... _____

e. Hydrolysis rate constants:

For base-promoted process, k_B ..... _____ 1/M h

For acid-promoted process, k_A ..... _____ 1/M h

For neutral process, k_N ..... _____ 1/hr

f. Chemical reduction rate (specify conditions) _____

_____

g. Other (such as spontaneous degradation) ... _____

_____

[ ] Mark (X) this box if you attach a continuation sheet.

PART B PARTITION COEFFICIENTS

5.02 a. Specify the half-life of the listed substance in the following media.

Media	Half-life (specify units)
Groundwater	
Atmosphere	
Surface water	
Soil	

b. Identify the listed substance's known transformation products that have a half-life greater than 24 hours.

CAS No.	Name	Half-life (specify units)	Media
			in
			in
			in
			in

5.03 Specify the octanol-water partition coefficient, K_{ow} ... _____ at 25°C

Method of calculation or determination ..... _____

5.04 Specify the soil-water partition coefficient, K_d ..... _____ at 25°C

Soil type ..... _____

5.05 Specify the organic carbon-water partition coefficient, K_{oc} ..... _____ at 25°C

5.06 Specify the Henry's Law Constant, H ..... _____ atm-m^3/mole

[ ] Mark (X) this box if you attach a continuation sheet.

5.07 List the bioconcentration factor (BCF) of the listed substance, the species for whic it was determined, and the type of test used in deriving the BCF.

Bioconcentration Factor	Species	Test[1]

[1]Use the following codes to designate the type of test:

F = Flowthrough
S = Static

[ ] Mark (X) this box if you attach a continuation sheet.

6.04 For each market listed below, state the quantity sold and the total sales value of
CBI the listed substance sold or transferred in bulk during the reporting year.

[ ]

Market	Quantity Sold or Transferred (kg/yr)	Total Sales Value ($/yr)
Retail sales		
Distribution -- Wholesalers		
Distribution -- Retailers		
Intra-company transfer		
Repackagers		
Mixture producers		
Article producers		
Other chemical manufacturers or processors		
Exporters		
Other (specify)		

6.05 Substitutes -- List all known commercially feasible substitutes that you know exist for the listed substance and state the cost of each substitute. A commercially feasible substitute is one which is economically and technologically feasible to use
CBI in your current operation, and which results in a final product with comparable performance in its end uses.

[ ]

Substitute	Cost ($/kg)
"UK"	"UK"

[ ] Mark (X) this box if you attach a continuation sheet.

SECTION 7 MANUFACTURING AND PROCESSING INFORMATION

General Instructions:

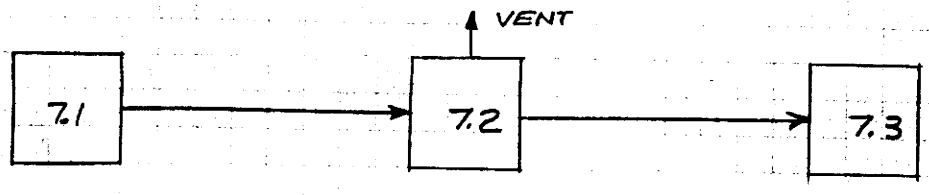
For questions 7.04-7.06, provide a separate response for each process block flow diagram provided in questions 7.01, 7.02, and 7.03. Identify the process type from which the information is extracted.

PART A MANUFACTURING AND PROCESSING PROCESS TYPE DESCRIPTION

7.01 In accordance with the instructions, provide a process block flow diagram showing th major (greatest volume) process type involving the listed substance.

CBI

[ ] Process type .....



7.1 THE TRADE NAME MIXTURE IS RECEIVED IN THE SAME FORM AS MANUFACTURED & PACKED IN SYRINGES.

7.2 APPLICATION OF CONFORMAL COATING TO PRINTED CIRCUIT BOARDS, THE TRADE NAME MIXTURE IS APPLIED DIRECTLY FROM SYRINGES.

7.3 DISTRIBUTION OF CIRCUIT BOARDS WITH CONFORMAL COATING INTO COMMERCE.

THIS IS THE ONLY PROCESS TYPE USING THE LISTED SUBSTANCE.

[ ] Mark (X) this box if you attach a continuation sheet.

7.03 In accordance with the instructions, provide a process block flow diagram showing a process emission streams and emission points that contain the listed substance and which, if combined, would total at least 90 percent of all facility emissions if no treated before emission into the environment. If all such emissions are released from one process type, provide a process block flow diagram using the instructions for question 7.01. If all such emissions are released from more than one process type, provide a process block flow diagram showing each process type as a separate block.

CBI

[ ] Process type .....

NOT APPLICABLE

[ ] Mark (X) this box if you attach a continuation sheet.

7.04 Describe the typical equipment types for each unit operation identified in your process block flow diagram(s). If a process block flow diagram is provided for more than one process type, photocopy this question and complete it separately for each process type.

CBI

[ ] Process type ..... _____

Unit Operation ID Number	Typical Equipment Type	Operating Temperature Range (°C)	Operating Pressure Range (mm Hg)	Vessel Composition

ONLY EQUIPMENT USED IS APPLICATION SYRINGE WHICH MATERIAL IS PACKAGED IN BY VENDOR.

[ ] Mark (X) this box if you attach a continuation sheet.

7.05 Describe each process stream identified in your process block flow diagram(s). If process block flow diagram is provided for more than one process type, photocopy th question and complete it separately for each process type.

CBI

[ ] Process type .....

Process Stream ID Code	Process Stream Description	Physical State[1]	Stream Flow (kg/yr)
7.1	RECEIPT OF TRADE NAME MIXTURE IN APPLICATION SYRINGE.	SO	LESS THAN 1.0 Kg/YR
7.2	APPLICATION TO CIRCUIT BOARDS.	SY	LESS THAN 1.0 Kg/YR.
7.3	DISTRIBUTION OF COATED PRINTED CIRCUIT BOARDS TO COMMERCE	SO	LESS THAN 1.0 Kg/YR.

[1] Use the following codes to designate the physical state for each process stream:

GC = Gas (condensible at ambient temperature and pressure)
GU = Gas (uncondensible at ambient temperature and pressure)
SO = Solid
SY = Sludge or slurry
AL = Aqueous liquid
OL = Organic liquid
IL = Immiscible liquid (specify phases, e.g., 90% water, 10% toluene)

[ ] Mark (X) this box if you attach a continuation sheet.

7.06 Characterize each process stream identified in your process block flow diagram(s). If a process block flow diagram is provided for more than one process type, photocopy this question and complete it separately for each process type. (Refer to the instructions for further explanation and an example.)

CBI

☐ Process type .....

a. Process Stream ID Code	b. Known Compounds[1]	c. Concentrations[2,3] (% or ppm)	d. Other Expected Compounds	e. Estimated Concentrations (% or ppm)

7.06 continued below

WE BUY A TRADE NAME MIXTURE AND WITH THE EXCEPTION OF THE LISTED SUBSTANCE (WHICH IS LESS THAN 5%) WE HAVE BEEN UNABLE TO DETERMINE WHAT IS IN THE MIXTURE.

☐ Mark (X) this box if you attach a continuation sheet.

7.06 (continued)

[1]For each additive package introduced into a process stream, specify the compounds that are present in each additive package, and the concentration of each componen Assign an additive package number to each additive package and list this number i column b. (Refer to the instructions for further explanation and an example. Refer to the glossary for the definition of additive package.)

Additive Package Number	Components of Additive Package	Concentrations (% or ppm)
1		
2		
3		
4		
5		

[2]Use the following codes to designate how the concentration was determined:

A = Analytical result
E = Engineering judgement/calculation

[3]Use the following codes to designate how the concentration was measured:

V = Volume
W = Weight

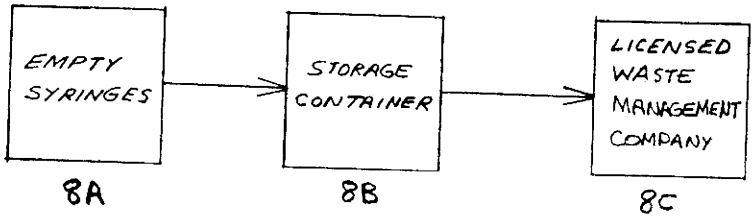
[ ] Mark (X) this box if you attach a continuation sheet.

PART A RESIDUAL TREATMENT PROCESS DESCRIPTION

8.01 In accordance with the instructions, provide a residual treatment block flow diagram which describes the treatment process used for residuals identified in question 7.01

CBI

[ ] Process type .....



AFTER THE PLASTIC SYRINGES THAT WERE USED TO SHIP THE BRAND NAME MIXTURE THAT CONTAINED THE LISTED SUBSTANCE WERE EMPTIED THEY WERE PLACED IN A CONTAINER THAT WAS DISPOSED OF BY A LICENSED WASTE MANAGEMENT COMPANY.

[ ] Mark (X) this box if you attach a continuation sheet.

PART B RESIDUAL GENERATION AND CHARACTERIZATION

8.05 Characterize each process stream identified in your residual treatment block flow diagram(s). If a residual treatment block flow diagram is provided for more than one process type, photocopy this question and complete it separately for each process type. (Refer to the instructions for further explanation and an example.)

CBI

[ ] Process type .....

a. Stream ID Code	b. Type of Hazardous Waste[1]	c. Physical State of Residual[2]	d. Known Compounds[3]	e. Concentrations (% or ppm)[4,5,6]	f. Other Expected Compounds	g. Estimated Concentrations (% or ppm)
8A	"UK"	SY	2,4-TOLUENE	LESS THAN	NA	NA
			DIISOCYANATE	5%		
8B	"UK"	SY	2,4-TOLUENE	LESS THAN	NA	NA
			DIISOCYANATE	5%		
8C	"UK"	SY	2,4-TOLUENE	LESS THAN	NA	NA
			DIISOCYANATE	5%		

8.05 continued below

[ ] Mark (X) this box if you attach a continuation sheet.

8.05 (continued)

[1]Use the following codes to designate the type of hazardous waste:

I = Ignitable
C = Corrosive
R = Reactive
E = EP toxic
T = Toxic
H = Acutely hazardous

[2]Use the following codes to designate the physical state of the residual:

GC = Gas (condensible at ambient temperature and pressure)
GU = Gas (uncondensible at ambient temperature and pressure)
SO = Solid
SY = Sludge or slurry
AL = Aqueous liquid
OL = Organic liquid
IL = Immiscible liquid (specify phases, e.g., 90% water, 10% toluene)

8.05 continued below

[ ] Mark (X) this box if you attach a continuation sheet.

8.05 (continued)

[3]For each additive package introduced into a process stream, specify the compounds that are present in each additive package, and the concentration of each componer Assign an additive package number to each additive package and list this number i column d. (Refer to the instructions for further explanation and an example. Refer to the glossary for the definition of additive package.)

Additive Package Number	Components of Additive Package	Concentrations (% or ppm)
1		
2		
3		
4		
5		

[4]Use the following codes to designate how the concentration was determined:

A = Analytical result
E = Engineering judgement/calculation

8.05 continued below

[ ] Mark (X) this box if you attach a continuation sheet.

8.05 (continued)

[5]Use the following codes to designate how the concentration was measured:

V = Volume
W = Weight

[6]Specify the analytical test methods used and their detection limits in the table below. Assign a code to each test method used and list those codes in column e.

Code	Method	Detection Lim (± ug/l)
1		
2		
3		
4		
5		
6		

[ ] Mark (X) this box if you attach a continuation sheet.

8.06 Characterize each process stream identified in your residual treatment block flow diagram(s). If a residual treatment block flow diagram is provided for more than one process type, photocopy this question and complete it separately for each process type. (Refer to the instructions for further explanation and an example.)

CBI

[ ] Process type .....

a. Stream ID Code	b. Waste Description Code[1]	c. Management Method Code[2]	d. Residual Quantities (kg/yr)	e. Management of Residual (%) On-Site	e. Management of Residual (%) Off-Site	f. Costs for Off-Site Management (per kg)	g. Changes in Management Methods
8A	409	M6	LESS THAN 1 Kg/YR		100%	UK	UK

[1] Use the codes provided in Exhibit 8-1 to designate the waste descriptions

[2] Use the codes provided in Exhibit 8-2 to designate the management methods

[ ] Mark (X) this box if you attach a continuation sheet.

8.22 Describe the combustion chamber design parameters for each of the three largest (by capacity) incinerators that are used on-site to burn the residuals identified in your process block or residual treatment block flow diagram(s).

CBI

[ ]

Incinerator	Combustion Chamber Temperature (°C)		Location of Temperature Monitor		Residence Time In Combustion Chamber (seconds)	
	Primary	Secondary	Primary	Secondary	Primary	Secondar
1						
2						
3						

Indicate if Office of Solid Waste survey has been submitted in lieu of respons by circling the appropriate response.

Yes 1

No 2

8.23 Complete the following table for the three largest (by capacity) incinerators that are used on-site to burn the residuals identified in your process block or residual treatment block flow diagram(s).

CBI

[ ]

Incinerator	Air Pollution Control Device[1]	Types of Emissions Data Available
1	NA	NA
2		
3		

Indicate if Office of Solid Waste survey has been submitted in lieu of response by circling the appropriate response.

Yes 1

No ..... (2)

[1]Use the following codes to designate the air pollution control device:

S = Scrubber (include type of scrubber in parenthesis)
E = Electrostatic precipitator
O = Other (specify) _____

[ ] Mark (X) this box if you attach a continuation sheet.

PART A EMPLOYMENT AND POTENTIAL EXPOSURE PROFILE

9.01 Mark (X) the appropriate column to indicate whether your company maintains records the following data elements for hourly and salaried workers. Specify for each data element the year in which you began maintaining records and the number of years the records for that data element are maintained. (Refer to the instructions for further explanation and an example.)

CBI
[ ]

Data Element	Data are Maintained for: Hourly Workers	Salaried Workers	Year in Which Data Collection Began	Number of Years Records Are Maintained
Date of hire	X	X	1962	27
Age at hire	X	X	1962	27
Work history of individual before employment at your facility	X	X	1962	27
Sex	X	X	1962	27
Race	X	X	1962	27
Job titles	X	X	1962	27
Start date for each job title	X	X	1962	27
End date for each job title	X	X	1962	27
Work area industrial hygiene monitoring data	X	X	"NA"	"NA"
Personal employee monitoring data	X	X	"NA"	"NA"
Employee medical history	X	X	1962	"NA"
Employee smoking history	"NA"	"NA"	"NA"	"NA"
Accident history	X	X	1962	1962
Retirement date	X	X	1962	1962
Termination date	X	X	1962	1962
Vital status of retirees	"NA"	"NA"	"NA"	"NA"
Cause of death data	X	X	1962	1962

[ ] Mark (X) this box if you attach a continuation sheet.

9.02 In accordance with the instructions, complete the following table for each activity in which you engage.

CBI

[ ]

a. Activity	b. Process Category	c. Yearly Quantity (kg)	d. Total Workers	e. Total Worker-Hours
Manufacture of the listed substance	Enclosed	N/A	N/A	N/A
	Controlled Release	"	"	"
	Open	"	"	"
On-site use as reactant	Enclosed	"	"	"
	Controlled Release	"	"	"
	Open	"	"	"
On-site use as nonreactant	Enclosed	"	"	"
	Controlled Release	"	"	"
	Open	"	"	"
On-site preparation of products	Enclosed	"	"	"
	Controlled Release	LESS THAN 1.0 Kg/YR	2	APPROX 16
	Open	N/A	N/A	N/A

* N/A NOT APPLICABLE

[ ] Mark (X) this box if you attach a continuation sheet.

9.03 Provide a descriptive job title for each labor category at your facility that encompasses workers who may potentially come in contact with or be exposed to the listed substance.

CBI

[ ]

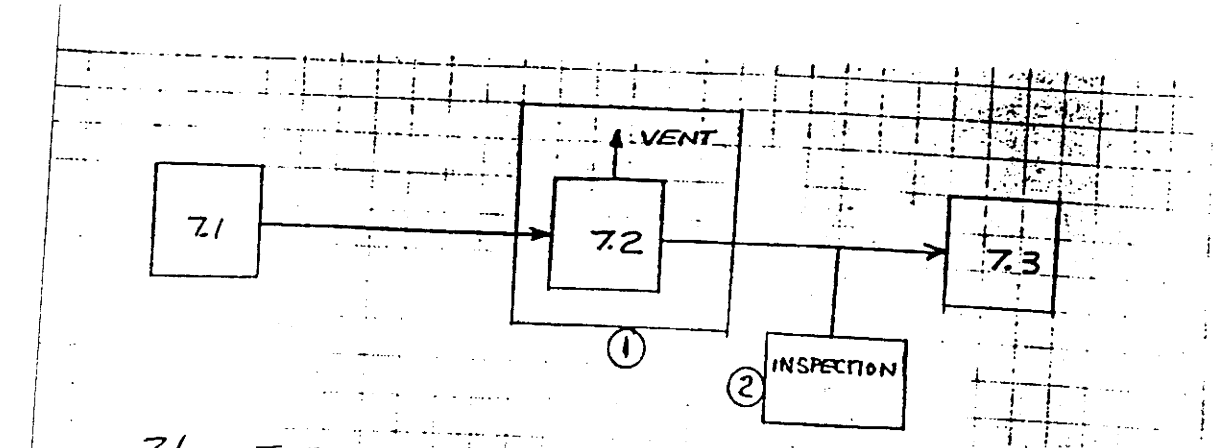
Labor Category	Descriptive Job Title
A	ASSEMBLER
B	INSPECTOR
C	
D	
E	
F	
G	
H	
I	
J	

[ ] Mark (X) this box if you attach a continuation sheet.

9.04 In accordance with the instructions, provide your process block flow diagram(s) and indicate associated work areas.

CBI

[ ] Process type .....



7.1 THE TRADE NAME MIXTURE IS RECEIVED IN THE SAME FORM AS MANUFACTURED & PACKED IN SYRINGES.

7.2 APPLICATION OF CONFORMAL COATING TO PRINTED CIRCUIT BOARDS, THE TRADE NAME MIXTURE IS APPLIED DIRECTLY FROM SYRINGES.

7.3 DISTRIBUTION OF CIRCUIT BOARDS WITH CONFORMAL COATING INTO COMMERCE.

THIS IS THE ONLY PROCESS TYPE USING THE LISTED SUBSTANCE.

[ ] Mark (X) this box if you attach a continuation sheet.

9.05 Describe the various work area(s) shown in question 9.04 that encompass workers wh may potentially come in contact with or be exposed to the listed substance. Add a additional areas not shown in the process block flow diagram in question 7.01 or 7.02. Photocopy this question and complete it separately for each process type.

CBI

[ ] Process type .....

Work Area ID	Description of Work Areas and Worker Activities
1	ASSEMBLY AREA - CONFORMAL COATING APPLIED TO PRINTED CIRCUIT BOARD AND ASSEMBLED INTO PRODUCT
2	INSPECTION AREA - PRODUCT INSPECTED
3	
4	
5	
6	
7	
8	
9	
10	

[ ] Mark (X) this box if you attach a continuation sheet.

9.06 Complete the following table for each work area identified in question 9.05, and for each labor category at your facility that encompasses workers who may potentially come in contact with or be exposed to the listed substance. Photocopy this question and complete it separately for each process type and work area.

CBI

[ ] Process type .....

Work area .....

Labor Category	Number of Workers Exposed	Mode of Exposure (e.g., direct skin contact)	Physical State of Listed Substance[1]	Average Length of Exposure Per Day[2]	Number of Days per Year Exposed
ASSEMBLER	ONE	DIRECT SKIN CONTACT	SY	E	ONE TO TWO
INSPECTOR	ONE	DIRECT SKIN CONTACT	SO	D	ONE

[1]Use the following codes to designate the physical state of the listed substance at the point of exposure:

GC = Gas (condensible at ambient temperature and pressure)
GU = Gas (uncondensible at ambient temperature and pressure; includes fumes, vapors, etc.)
SO = Solid
SY = Sludge or slurry
AL = Aqueous liquid
OL = Organic liquid
IL = Immiscible liquid (specify phases, e.g., 90% water, 10% toluene)

[2]Use the following codes to designate average length of exposure per day:

A = 15 minutes or less
B = Greater than 15 minutes, but not exceeding 1 hour
C = Greater than one hour, but not exceeding 2 hours
D = Greater than 2 hours, but not exceeding 4 hours
E = Greater than 4 hours, but not exceeding 8 hours
F = Greater than 8 hours

[ ] Mark (X) this box if you attach a continuation sheet.

9.07 For each labor category represented in question 9.06, indicate the 8-hour Time Weighted Average (TWA) exposure levels and the 15-minute peak exposure levels. Photocopy this question and complete it separately for each process type and work area.

CBI

[ ] Process type .....

Work area 1

Labor Category	8-hour TWA Exposure Level (ppm, mg/m^3, other-specify)	15-Minute Peak Exposure Level (ppm, mg/m^3, other-specify)
ASSEMBLER	PLEASE SEE ATTACHED MSDS	

[ ] Mark (X) this box if you attach a continuation sheet.

MATERIAL SAFETY DATA SHEET

1. PRODUCT IDENTIFICATION

TRADE NAME: Solithane 113/300
CHEMICAL NAMES: Isocyanate Terminated Polyol
MANUFACTURER'S NAME: ABLESTIK LABORATORIES
ADDRESS: 833 West 182nd Street, Gardena, CA 90248 (213) 532-9341
REVISION DATE: 11/30/88

II HAZARDOUS INGREDIENTS

CHEMICAL NAMES	CAS NUMBERS	PERCENT	EXPOSURE LIMIT ACGIH(TWA)	EXPOSURE LIMIT OSHA(PEL)
Toluene diisocyanate	584-84-9	< 5	0.005ppm	0.02ppm

III PHYSICAL PROPERTIES

VAPOR DENSITY (AIR=1): > 1
SPECIFIC GRAVITY: 1.1
SOLUBILITY IN WATER: Not applicable
VAPOR PRESSURE, mm Hg at 20°C: < 0.1
EVAPORATION RATE (ETHER =1): < 1
APPEARANCE AND ODOR: Pale yellow liquid; pungent odor
MELTING POINT(°F): Not applicable
BOILING POINT (°F @ 760 mm Hg): 482°
PERCENT VOLATILE BY VOLUME: < 6

IV FIRE AND EXPLOSION

FLASH POINT, °F (GIVE METHOD): 200° (Setaflash)
AUTOIGNITION TEMPERATURE: Not determined
FLAMMABLE LIMITS IN AIR, VOLUME %: LOWER Not determined UPPER Not determined
FIRE EXTINGUISHING MATERIALS: Dry chemical, foam.
FIRE EXTINGUISHING PROCEDURES: Wear self-contained breathing apparatus.
UNUSUAL FIRE AND EXPLOSION HAZARDS: Protect against inhalation of cyanate vapors and other decomposition/combustion products.

V HEALTH HAZARD INFORMATION

SYMPTOMS OF OVEREXPOSURE FOR EACH POTENTIAL ROUTE OF EXPOSURE

INHALED: Unknown for product mixture. Inhalation of isocyanate vapors can produce severe irritation of the mucous membranes in the respiratory tract, i.e. nose, throat, and lungs. Exposure of humans to concentrations of isocyanate vapor in excess of the maximum acceptable concentration has caused illness characterized by breathlessness, chest discomfort and reduced pulmonary function. Massive exposure to high concentrations has caused, within minutes, irritation of the trachea and larynx and severe coughing spasms. Concentrations of isocyanate vapors should be maintained below the TLV by engineering controls. Can cause sensitization in humans. TDI Inhalation-Human TCLo: 0.02ppm/2Y:PUL. TDI Inhalation-Human TCLo: 0.5ppm: IRR. Symptoms of overexposure may be delayed and could include dry cough, chest tightness, wheezing, shortness of breath, asthmatic type symptoms

CONTACT WITH SKIN: Unknown for product mixture. Isocyanates react with skin protein and tissue moisture. If not promptly removed, liquid spills on the skin can cause reddening, swelling, and blistering of exposed skin. REPEATED SKIN CONTACT HAS CAUSED SKIN SENSITIZATION IN HUMANS AND SHOULD BE AVOIDED. TDI: Skin-Rabbit: 500 mg/24H MOD. Overexposure may cause irritation, dermatitis and possible skin sensitization given prolonged or repeated skin contact.

CONTACT WITH EYES: Unknown for the mixture. Liquid isocyanates splashed into the eyes can be harmful to the delicate eye tissue and must be avoided. Injury results from reaction of the isocyanate with the eye fluid which may dehydrate the tissue and result in severe irritation of the eyelid and possible damage to the cornea (corneal opacity). Exposure

9.07 For each labor category represented in question 9.06, indicate the 8-hour Time Weighted Average (TWA) exposure levels and the 15-minute peak exposure levels. Photocopy this question and complete it separately for each process type and work area.

CBI

[ ] Process type .....

Work area 2

Labor Category	8-hour TWA Exposure Level (ppm, mg/m^3, other-specify)	15-Minute Peak Exposure Level (ppm, mg/m^3, other-specify)
INSPECTOR	PLEASE SEE ATTACHED MSDS	

[X] Mark (X) this box if you attach a continuation sheet.

MATERIAL SAFETY DATA SHEET

1. PRODUCT IDENTIFICATION

TRADE NAME: Solithane 113/300
CHEMICAL NAMES: Isocyanate Terminated Polyol
MANUFACTURER'S NAME: ABLESTIK LABORATORIES
ADDRESS: 833 West 182nd Street, Gardena, CA 90248 (213) 532-9341
REVISION DATE: 11/30/88

II HAZARDOUS INGREDIENTS

CHEMICAL NAMES	CAS NUMBERS	PERCENT	EXPOSURE LIMIT ACGIH(TWA)	EXPOSURE LIMIT OSHA(PEL)
Toluene diisocyanate	584-84-9	< 5	0.005ppm	0.02ppm

III PHYSICAL PROPERTIES

VAPOR DENSITY (AIR=1): > 1
SPECIFIC GRAVITY: 1.1
SOLUBILITY IN WATER: Not applicable
VAPOR PRESSURE, mm Hg at 20°C: < 0.1
EVAPORATION RATE (ETHER =1): < 1
APPEARANCE AND ODOR: Pale yellow liquid; pungent odor
MELTING POINT(°F): Not applicable
BOILING POINT (°F @ 760 mm Hg): 482°
PERCENT VOLATILE BY VOLUME: < 6

IV FIRE AND EXPLOSION

FLASH POINT, °F (GIVE METHOD): 200° (Setaflash)
AUTOIGNITION TEMPERATURE: Not determined
FLAMMABLE LIMITS IN AIR, VOLUME %: LOWER Not determined UPPER Not determined
FIRE EXTINGUISHING MATERIALS: Dry chemical, foam.
FIRE EXTINGUISHING PROCEDURES: Wear self-contained breathing apparatus.
UNUSUAL FIRE AND EXPLOSION HAZARDS: Protect against inhalation of cyanate vapors and other decomposition/combustion products.

V HEALTH HAZARD INFORMATION

SYMPTOMS OF OVEREXPOSURE FOR EACH POTENTIAL ROUTE OF EXPOSURE

INHALED: Unknown for product mixture. Inhalation of isocyanate vapors can produce severe irritation of the mucous membranes in the respiratory tract, i.e. nose, throat, and lungs. Exposure of humans to concentrations of isocyanate vapor in excess of the maximum acceptable concentration has caused illness characterized by breathlessness, chest discomfort and reduced pulmonary function. Massive exposure to high concentrations has caused, within minutes, irritation of the trachea and larynx and severe coughing spasms. Concentrations of isocyanate vapors should be maintained below the TLV by engineering controls. Can cause sensitization in humans. TDI Inhalation-Human TCLo: 0.02ppm/2Y:PUL. TDI Inhalation-Human TCLo: 0.5ppm: IRR. Symptoms of overexposure may be delayed and could include dry cough, chest tightness, wheezing, shortness of breath, asthmatic type symptoms

CONTACT WITH SKIN: Unknown for product mixture. Isocyanates react with skin protein and tissue moisture. If not promptly removed, liquid spills on the skin can cause reddening, swelling, and blistering of exposed skin. REPEATED SKIN CONTACT HAS CAUSED SKIN SENSITIZATION IN HUMANS AND SHOULD BE AVOIDED. TDI: Skin-Rabbit: 500 mg/24H MOD. Overexposure may cause irritation, dermatitis and possible skin sensitization given prolonged or repeated skin contact.

CONTACT WITH EYES: Unknown for the mixture. Liquid isocyanates splashed into the eyes can be harmful to the delicate eye tissue and must be avoided. Injury results from reaction of the isocyanate with the eye fluid which may dehydrate the tissue and result in severe irritation of the eyelid and possible damage to the cornea (corneal opacity). Exposure

PART B WORK PLACE MONITORING PROGRAM

9.08 If you monitor worker exposure to the listed substance, complete the following table

CBI

[ ]

Sample/Test	Work Area ID	Testing Frequency (per year)	Number of Samples (per test)	Who Samples[1]	Analyzed In-House (Y/N)	Number of Years Records Maintained
Personal breathing zone	N/A					
General work area (air)						
Wipe samples						
Adhesive patches						
Blood samples						
Urine samples						
Respiratory samples						
Allergy tests						
Other (specify)						
Other (specify)						
Other (specify)						

[1]Use the following codes to designate who takes the monitoring samples:

A = Plant industrial hygienist
B = Insurance carrier
C = OSHA consultant
D = Other (specify) _____

[ ] Mark (X) this box if you attach a continuation sheet.

9.09 For each sample type identified in question 9.08, describe the type of sampling an
CBI analytical methodology used for each type of sample.

[ ]

Sample Type	Sampling and Analytical Methodology
N/A	

9.10 If you conduct personal and/or ambient air monitoring for the listed substance, specify the following information for each equipment type used.

CBI

[ ]

Equipment Type[1]	Detection Limit[2]	Manufacturer	Averaging Time (hr)	Model Number
N/A				

[1]Use the following codes to designate personal air monitoring equipment types:

A = Passive dosimeter
B = Detector tube
C = Charcoal filtration tube with pump
D = Other (specify) _____

Use the following codes to designate ambient air monitoring equipment types:

E = Stationary monitors located within work area
F = Stationary monitors located within facility
G = Stationary monitors located at plant boundary
H = Mobile monitoring equipment (specify) _____
I = Other (specify) _____

[2]Use the following codes to designate detection limit units:

A = ppm
B = Fibers/cubic centimeter (f/cc)
C = Micrograms/cubic meter (μ/m^3)

[ ] Mark (X) this box if you attach a continuation sheet.

9.11 If you conduct routine medical tests for monitoring the health effects of exposure to the listed substance, specify the type and frequency of the tests.

CBI

[ ]	Test Description	Frequency (weekly, monthly, yearly, etc.)
	N/A	

[ ] Mark (X) this box if you attach a continuation sheet.

PART C ENGINEERING CONTROLS

9.12 Describe the engineering controls that you use to reduce or eliminate worker exposu to the listed substance. Photocopy this question and complete it separately for ea process type and work area.

CBI

[ ] Process type .....

Work area 1

Engineering Controls	Used (Y/N)	Year Installed	Upgraded (Y/N)	Year Upgrade
Ventilation:				
Local exhaust	Y	PRIOR TO USE OF LISTED SUBSTANCE	N	
General dilution	Y	"	N	
Other (specify)				
Vessel emission controls				
Mechanical loading or packaging equipment				
Other (specify)				

[ ] Mark (X) this box if you attach a continuation sheet.

PART C ENGINEERING CONTROLS

9.12 Describe the engineering controls that you use to reduce or eliminate worker exposu to the listed substance. Photocopy this question and complete it separately for ea process type and work area.

CBI

[ ] Process type .....

Work area 2

Engineering Controls	Used (Y/N)	Year Installed	Upgraded (Y/N)	Year Upgrade
Ventilation:		PRIOR TO USE OF LISTED SUBSTANCE		
Local exhaust	Y		N	
General dilution	Y	"	N	
Other (specify)				
Vessel emission controls				
Mechanical loading or packaging equipment				
Other (specify)				

[ ] Mark (X) this box if you attach a continuation sheet.

9.13 Describe all equipment or process modifications you have made within the 3 years prior to the reporting year that have resulted in a reduction of worker exposure to the listed substance. For each equipment or process modification described, state the percentage reduction in exposure that resulted. Photocopy this question and complete it separately for each process type and work area.

CBI

[ ] Process type .....

Work area 1

Equipment or Process Modification	Reduction in Worker Exposure Per Year (%)
NONE	

[ ] Mark (X) this box if you attach a continuation sheet.

9.13 Describe all equipment or process modifications you have made within the 3 years prior to the reporting year that have resulted in a reduction of worker exposure to the listed substance. For each equipment or process modification described, state the percentage reduction in exposure that resulted. Photocopy this question and complete it separately for each process type and work area.

CBI

[ ] Process type .....

Work area 2

Equipment or Process Modification	Reduction in Worker Exposure Per Year (%)
NONE	

[ ] Mark (X) this box if you attach a continuation sheet.

PART D PERSONAL PROTECTIVE AND SAFETY EQUIPMENT

9.14 Describe the personal protective and safety equipment that your workers wear or use in each work area in order to reduce or eliminate their exposure to the listed substance. Photocopy this question and complete it separately for each process type and work area.

CBI

[ ] Process type ..... _____

Work area 1

Equipment Types	Wear or Use (Y/N)
Respirators	N
Safety goggles/glasses	Y
Face shields	N
Coveralls	N
Bib aprons	N
Chemical-resistant gloves	Y
Other (specify)	
SMOCKS	Y

[ ] Mark (X) this box if you attach a continuation sheet.

PART D PERSONAL PROTECTIVE AND SAFETY EQUIPMENT

9.14 Describe the personal protective and safety equipment that your workers wear or use in each work area in order to reduce or eliminate their exposure to the listed substance. Photocopy this question and complete it separately for each process type and work area.

CBI

[ ] Process type ..... _____

Work area 2

Equipment Types	Wear or Use (Y/N)
Respirators	N
Safety goggles/glasses	N
Face shields	N
Coveralls	N
Bib aprons	N
Chemical-resistant gloves	N
Other (specify)	
SMOCKS	Y
FINGER COTS	Y

[ ] Mark (X) this box if you attach a continuation sheet.

9.15 If workers use respirators when working with the listed substance, specify for each process type, the work areas where the respirators are used, the type of respirators used, the average usage, whether or not the respirators were fit tested, and the type and frequency of the fit tests. Photocopy this question and complete it separately for each process type.

CBI

[ ] Process type .....

Work Area	Respirator Type	Average Usage[1]	Fit Tested (Y/N)	Type of Fit Test[2]	Frequency of Fit Tests (per year)
N/A					

[1]Use the following codes to designate average usage:

A = Daily
B = Weekly
C = Monthly
D = Once a year
E = Other (specify) _____

[2]Use the following codes to designate the type of fit test:

QL = Qualitative
QT = Quantitative

[ ] Mark (X) this box if you attach a continuation sheet.

PART E WORK PRACTICES

9.19 Describe all of the work practices and administrative controls used to reduce or eliminate worker exposure to the listed substance (e.g., restrict entrance only to authorized workers, mark areas with warning signs, insure worker detection and monitoring practices, provide worker training programs, etc.). Photocopy this question and complete it separately for each process type and work area.

CBI

[ ]

Process type ..... _____

Work area 7.2

READ MSDS

9.20 Indicate (X) how often you perform each housekeeping task used to clean up routine leaks or spills of the listed substance. Photocopy this question and complete it separately for each process type and work area.

Process type ..... _____

Work area ..... _____

Housekeeping Tasks	Less Than Once Per Day	1-2 Times Per Day	3-4 Times Per Day	More Than 4 Times Per Day
Sweeping	X			
Vacuuming	X			
Water flushing of floors	X			
Other (specify)				

[ ] Mark (X) this box if you attach a continuation sheet.

9.21 Do you have a written medical action plan for responding to routine or emergency exposure to the listed substance?

Routine exposure

Yes 1

No 2

Emergency exposure

Yes 1

No 2

If yes, where are copies of the plan maintained?

Routine exposure: _____

Emergency exposure: _____

9.22 Do you have a written leak and spill cleanup plan that addresses the listed substance? Circle the appropriate response.

Yes 1

No ..... (2)

If yes, where are copies of the plan maintained? _____

Has this plan been coordinated with state or local government response organizations? Circle the appropriate response.

Yes 1

No 2

9.23 Who is responsible for monitoring worker safety at your facility? Circle the appropriate response.

Plant safety specialist 1

Insurance carrier 2

OSHA consultant 3

Other (specify) _____ 4

[ ] Mark (X) this box if you attach a continuation sheet.

9.24 Who is responsible for safety and health training at your facility? Circle the appropriate response.

Plant safety specialist 1

Insurance carrier 2

OSHA consultant 3

Other (specify) _____ 4

9.25 Who is responsible for the medical program at your facility? Circle the appropriate response.

Plant physician 1

Consulting physician 2

Plant nurse 3

Consulting nurse 4

Other (specify) _____ 5

[ ] Mark (X) this box if you attach a continuation sheet.

SECTION 10 ENVIRONMENTAL RELEASE

General Instructions:

Complete Part E (questions 10.23-10.35) for each non-routine release involving the listed substance that occurred during the reporting year. Report on all releases that are equal to or greater than the listed substance's reportable quantity value, RQ, unless the releas is federally permitted as defined in 42 U.S.C. 9601, or is specifically excluded under the definition of release as defined in 40 CFR 302.3(22). Reportable quantities are codified in 40 CFR Part 302. If the listed substance is not a hazardous substance under the Comprehensive Environmental Response, Compensation, and Liability Act of 1980 (CERCLA) and thus, does not have an RQ, then report releases that exceed 2,270 kg. If such a substance however, is designated as a CERCLA hazardous substance, then report those releases that ar equal to or greater than the RQ. The facility may have answered these questions or simila questions under the Agency's Accidental Release Information Program and may already have this information readily available. Assign a number to each release and use this number throughout this part to identify the release. Releases over more than a 24-hour period are not single releases, i.e., the release of a chemical substance equal to or greater than an RQ must be reported as a separate release for each 24-hour period the release exceeds the RQ.

For questions 10.25-10.35, answer the questions for each release identified in question 10.23. Photocopy these questions and complete them separately for each release.

PART A GENERAL INFORMATION

10.01 Where is your facility located? Circle all appropriate responses.

CBI

[ ] Industrial area ..... (1)

Urban area 2

Residential area 3

Agricultural area 4

Rural area 5

Adjacent to a park or a recreational area 6

Within 1 mile of a navigable waterway 7

Within 1 mile of a school, university, hospital, or nursing home facility 8

Within 1 mile of a non-navigable waterway 9

Other (specify) _____ 10

[ ] Mark (X) this box if you attach a continuation sheet.

10.02 Specify the exact location of your facility (from central point where process uni is located) in terms of latitude and longitude or Universal Transverse Mercader (UTM) coordinates.

Latitude ..... "NA" ° ____ ' ____

Longitude ..... "NA" ° ____ ' ____

UTM coordinates ..... Zone ____, Northing ____, Easting ____

10.03 If you monitor meteorological conditions in the vicinity of your facility, provide the following information.

Average annual precipitation ..... ____ inches/yea

Predominant wind direction ..... ____

10.04 Indicate the depth to groundwater below your facility.

Depth to groundwater ..... ____ meters

10.05 For each on-site activity listed, indicate (Y/N/NA) all routine releases of the listed substance to the environment. (Refer to the instructions for a definition of Y, N, and NA.)

CBI

[ ]

On-Site Activity	Environmental Release		
	Air	Water	Land
Manufacturing	Y	N	N
Importing	NA	NA	NA
Processing	N	N	N
Otherwise used	NA	NA	NA
Product or residual storage	N	N	N
Disposal	NA	NA	NA
Transport	N	N	N

[ ] Mark (X) this box if you attach a continuation sheet.

10.08 Describe the control technologies used to minimize release of the listed substanc for each process stream containing the listed substance as identified in your process block or residual treatment block flow diagram(s). Photocopy this questi and complete it separately for each process type.

CBI

[ ] Process type .....

Stream ID Code	Control Technology	Percent Efficienc
7.2	CAREFUL WORKMANSHIP	100

[ ] Mark (X) this box if you attach a continuation sheet.

PART B RELEASE TO AIR

10.09 **Point Source Emissions** -- Identify each emission point source containing the listed substance in terms of a Stream ID Code as identified in your process block or residual treatment block flow diagram(s), and provide a description of each point source. Do not include raw material and product storage vents, or fugitive emissio sources (e.g., equipment leaks). Photocopy this question and complete it separatel for each process type.

CBI

[ ]

Process type ..... _____

Point Source ID Code	Description of Emission Point Source
N/A	

[ ] Mark (X) this box if you attach a continuation sheet.

10.10 Emission Characteristics - - Characterize the emissions for each Point Source ID Code identified in question 10.09 by completing the following table.

CBI

[ ] Mark (X) this box if you attach a continuation sheet.

Point Source ID Code	Physical State[1]	Average Emissions (kg/day)	Frequency[2] (days/yr)	Duration[3] (min/day)	Average Emission Factor[4]	Maximum Emission Rate (kg/min)	Maximum Emission Rate Frequency (events/yr)	Maximum Emission Rate Duration (min/event)
N/A								

[1]Use the following codes to designate physical state at the point of release:
G = Gas; V = Vapor; P = Particulate; A = Aerosol; O = Other (specify) _____

[2]Frequency of emission at any level of emission

[3]Duration of emission at any level of emission

[4]Average Emission Factor — Provide estimated (± 25 percent) emission factor (kg of emission per kg of production of listed substance)

10.11 Stack Parameters -- Identify the stack parameters for each Point Source ID Code identified in question 10.09 by completing the following table.

CBI

[ ]

Point Source ID Code	Stack Height(m)	Stack Inner Diameter (at outlet) (m)	Exhaust Temperature (°C)	Emission Exit Velocity (m/sec)	Building Height(m)[1]	Building Width(m)[2]	Vent Type[3]
N/A							

[1]Height of attached or adjacent building

[2]Width of attached or adjacent building

[3]Use the following codes to designate vent type:

H = Horizontal
V = Vertical

[ ] Mark (X) this box if you attach a continuation sheet.

10.12 If the listed substance is emitted in particulate form, indicate the particle siz distribution for each Point Source ID Code identified in question 10.09. Photocopy this question and complete it separately for each emission point source

CBI

[ ]

Point source ID code .....

Size Range (microns)	Mass Fraction (% ± % precision)
< 1	N/A
≥ 1 to < 10	
≥ 10 to < 30	
≥ 30 to < 50	
≥ 50 to < 100	
≥ 100 to < 500	
≥ 500	
	Total = 100%

[ ] Mark (X) this box if you attach a continuation sheet.

10.13 Equipment Leaks -- Complete the following table by providing the number of equipr types listed which are exposed to the listed substance and which are in service according to the specified weight percent of the listed substance passing through the component. Do this for each process type identified in your process block or residual treatment block flow diagram(s). Do not include equipment types that ar not exposed to the listed substance. If this is a batch or intermittently operat process, give an overall percentage of time per year that the process type is exposed to the listed substance. Photocopy this question and complete it separate for each process type.

CBI

[ ] Process type .....

Percentage of time per year that the listed substance is exposed to this process type ..... N/A

Equipment Type	Number of Components in Service by Weight Percent of Listed Substance in Process Stream					
	Less than 5%	5-10%	11-25%	26-75%	76-99%	Greater than 9
Pump seals[1]						
Packed						
Mechanical						
Double mechanical[2]						
Compressor seals[1]						
Flanges						
Valves						
Gas[3]						
Liquid						
Pressure relief devices[4] (Gas or vapor only)						
Sample connections						
Gas						
Liquid						
Open-ended lines[5] (e.g., purge, vent)						
Gas						
Liquid						

[1] List the number of pump and compressor seals, rather than the number of pumps or compressors

10.13 continued on next page

[ ] Mark (X) this box if you attach a continuation sheet.

[2]If double mechanical seals are operated with the barrier (B) fluid at a pressu greater than the pump stuffing box pressure and/or equipped with a sensor (S) will detect failure of the seal system, the barrier fluid system, or both, ind. with a "B" and/or an "S", respectively

[3]Conditions existing in the valve during normal operation

[4]Report all pressure relief devices in service, including those equipped with control devices

[5]Lines closed during normal operation that would be used during maintenance operations

10.14 Pressure Relief Devices with Controls -- Complete the following table for those pressure relief devices identified in 10.13 to indicate which pressure relief devices in service are controlled. If a pressure relief device is not controlled enter "None" under column c.

CBI
[ ]

a. Number of Pressure Relief Devices	b. Percent Chemical in Vessel[1]	c. Control Device	d. Estimated Control Efficienc
N/A			

[1]Refer to the table in question 10.13 and record the percent range given under the heading entitled "Number of Components in Service by Weight Percent of Listed Substance" (e.g., <5%, 5-10%, 11-25%, etc.)

[2]The EPA assigns a control efficiency of 100 percent for equipment leaks controlled with rupture discs under normal operating conditions. The EPA assigns a control efficiency of 98 percent for emissions routed to a flare under normal operating conditions

[ ] Mark (X) this box if you attach a continuation sheet.

10.15 Equipment Leak Detection -- If a formal leak detection and repair program is in place, complete the following table regarding those leak detection and repair procedures. Photocopy this question and complete it separately for each process type.

CBI

[ ] Process type .....

Equipment Type	Leak Detection Concentration (ppm or mg/m^3) Measured at ___ Inches from Source	Detection Device[1]	Frequency of Leak Detection (per year)	Repairs Initiated (days after detection)	Repairs Complete (days aft initiated
Pump seals					
Packed	N/A				
Mechanical					
Double mechanical					
Compressor seals					
Flanges					
Valves					
Gas					
Liquid					
Pressure relief devices (gas or vapor only)					
Sample connections					
Gas					
Liquid					
Open-ended lines					
Gas					
Liquid					

[1]Use the following codes to designate detection device:

POVA = Portable organic vapor analyzer
FPM = Fixed point monitoring
O = Other (specify) _____

[ ] Mark (X) this box if you attach a continuation sheet.

10.16 Raw Material, Intermediate and Product Storage Emissions - - Complete the following table by providing the information on each liquid raw material, intermediate, and product storage vessel containing the listed substance as identified in your process block or residual treatment block flow diagram(s).

CBI

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Vessel Type[1]	Floating Roof Seals[2]	Composition of Stored Materials[3]	Throughput (liters per year)	Vessel Filling Rate (gpm)	Vessel Filling Duration (min)	Vessel Inner Diameter (m)	Vessel Height (m)	Operating Vessel Volume (l)	Vessel Emission Controls[4]	Design Flow Rate[5]	Vent Diameter (cm)	Control Efficiency (%)	Basis for Estimate[6]
N/A													

[1]Use the following codes to designate vessel type:

F = Fixed roof
CIF = Contact internal floating roof
NCIF = Noncontact internal floating roof
EFR = External floating roof
P = Pressure vessel (indicate pressure rating)
H = Horizontal
U = Underground

[2]Use the following codes to designate floating roof seals:

MS1 = Mechanical shoe, primary
MS2 = Shoe-mounted secondary
MS2R = Rim-mounted, secondary
LM1 = Liquid-mounted resilient filled seal, primary
LM2 = Rim-mounted shield
LMW = Weather shield
VM1 = Vapor mounted resilient filled seal, primary
VM2 = Rim-mounted secondary
VMW = Weather shield

[3]Indicate weight percent of the listed substance. Include the total volatile organic content in parenthesis

[4]Other than floating roofs

[5]Gas/vapor flow rate the emission control device was designed to handle (specify flow rate units)

[6]Use the following codes to designate basis for estimate of control efficiency:

C = Calculations
S = Sampling

☐ Mark (X) this box if you attach a continuation sheet.

10.23 Indicate the date and time when the release occurred and when the release ceased was stopped. If there were more than six releases, attach a continuation sheet a list all releases.

Release	Date Started	Time (am/pm)	Date Stopped	Time (am/pm
1	N/A			
2				
3				
4				
5				
6				

10.24 Specify the weather conditions at the time of each release.

Release	Wind Speed (km/hr)	Wind Direction	Humidity (%)	Temperature (°C)	Precipitatic (Y/N)
1					
2					
3					
4					
5					
6					

[ ] Mark (X) this box if you attach a continuation sheet.

Litton

490 L'Enfant Plaza East, S.W.
Suite 8206
Washington, D.C.
20024-2179

U.S. EPA
Office of Toxic Substances,
Room 539 - East Tower
401 M Street, S.W.
Washington, DC 20460

382-3813

ATTN: CAIR Reporting Office